



City of Miramar
An Equal Opportunity Employer

Mayor

Wayne M. Messam

City Commission

Winston F. Barnes

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Yvette Colbourne

Darline B. Riggs

"We're at
the Center of Everything"

City of Miramar
C/O Business Tax Office
2300 Civic Center Place
Miramar FL 33025
businesstax@miramarfl.gov

Phone (954) 602-3040
Phone (954) 602-3061
FAX (954) 602-3470

RE: Business Tax Receipt Home Application

Dear Sir or Madam,

Any person wishing to engage in or manage any business, profession or occupation within the City, including home based businesses, is required by City ordinance to get a City Business Tax Receipt. Complete the enclosed 7 page application and return it with the requirements listed below.

Business Tax Requirements:

1. Photocopy of applicant's driver's license.
2. Photocopy of the State of Florida Articles of Incorporation OR Photocopy of the State of Florida Fictitious Name Registration.
3. Photocopy of any state issued license and/or certificates.
4. Photocopy of Employer Identification Number (EIN) or Federal Tax Identification Number form from the IRS.
5. Photocopy of Liability Insurance Certificate. (Any company that provides any type of service will need to have insurance)(Must be on the Acord Form)

Mail or Return all requirements together to:

City of Miramar
Business Tax Office
2300 Civic Center Place
Miramar FL 33025

City Of Miramar
Business Tax Office
2300 Civic Center Place
Miramar, FL 33025

Business Tax Receipt Home Application

The information gathered by this application will be used to determine the issuance of your Business Tax Receipt. The application process will take five to seven business days. Please complete all the information in this application accurately and in its entirety. **The application must be signed and notarized.** All necessary photocopies will need to be made by the applicant. The City of Miramar will conduct a criminal history background check on the applicant. Failure to answer all questions in its entirety will result in the denial of your application under Chapter 11, Miramar City Code. You must also obtain a Broward County Business Tax Receipt.

Date: _____

Business Name: _____

Business Phone No: _____ Business Fax No: _____

E-Mail Address: _____

Describe the business operation in detail:

Applicant's Name: _____

Home Phone No: _____ Driver's License No: _____

Applicant's Address: _____
(ZIP)

Date of Birth: _____ Soc. Sec. No: _____

Federal Tax ID Number: _____

Are you the property owner? YES ____ NO ____ If no, please provide us with a copy of your lease and a notarized letter from the property owner(s). (Notarized letter must include permission to operate a business from this address and all of the owner's contact information. The letter must be signed and notarized by all owners.)

The City of Miramar requires a home Business Tax Receipt to be issued only to those home businesses that do not have the potential to become a nuisance to the community. The following questions are asked so that we can determine the specific type of business and services you intend to offer from your home. Please answer the following questions so that we may process your application correctly. We will accept attachments if you need to further explain any responses.

1. How many employees does the company have? (including yourself as one) _____

a) How many will be working in the home? (including yourself as one) _____

Are any of these employees not a member of your immediate family?

Yes: _____ No: _____

b) How many employees will be traveling to the home for transportation to the job site? _____

2. Does your business offers the sale of: **PRODUCTS:** _____ **SERVICES:** _____
Please describe the types of products or services sold:

3. Are any of the products, materials, tools, or equipment stored at home?

Yes: _____ No: _____

If yes, what type:

4. Does your business involve any construction, assembly, repair, refinishing manufacturing, or any process, which generates noise, fumes, and/or light?

Yes: _____ No: _____

If yes, describe type and where it will take place: _____

5. Does the business require the receipt of large packages to the home?

Yes: _____ No: _____

If yes, describe:

6. Does the business require the shipping of large packages from the home?

Yes: _____ No: _____

If yes, describe:

7. Does the business have any commercial vehicles?

Yes: _____ No: _____

If yes, describe the type of vehicle and where it's parked overnight.

8. **EXEMPTION:** Florida statutes, chapter 205.171 provides for waiver of the Business Tax Receipt fee if you qualify due to one of the following circumstances, please check the condition(s) which apply to you. In order to qualify for the exemption you may have no more than one (1) employee or helper, use capital not in excess of \$1,000 and provide adequate proof of your exemption. (**Exemption will be \$50.00 off regular business tax fee.**)

Do you claim any exemptions?

- () Disability
() 65 years of age or older
() Widow w/minor children
() Disabled veteran (or unmarried survivor)
() NONE

9. Have you been **CONVICTED** of a felony or misdemeanor within the past three (3) years?

Yes: _____ No: _____

If yes, what offense were you convicted of? _____

Have your civil rights been restored? _____

If yes, please provide copies of document(s) restoring your civil rights.

Home Based Business Tax Receipt Restrictions

Please read the following restrictions carefully before submitting your Business Tax Receipt Application.

Home Restrictions:

1. Mail & Phone Only.
2. No employees other than members of the family permanently residing there.
3. No work on premises. No commercial vehicles parked overnight at the premises.
4. No clients/customers at home.
5. No deliveries to the home
6. Office Only.

I have read and understand the above terms and conditions regarding the Home Based restrictions. By signing below I understand that if I violate the conditions my Business Tax Receipt can be revoked by the City of Miramar if approved.

NOTARIZED SIGNATURE OF APPLICANT

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____
20____. Before me this day personally appeared _____
who, have read and understand the above terms and conditions regarding the restrictions
of a home based business.

Personally known _____ OR Produced Identification _____
Type of Identification Produced: _____

SIGNATURE OF NOTARY

(SEAL)

HOME OCCUPATIONS

Home occupations conducted within the City of Miramar shall be clearly incidental and secondary to the use of the residence for residential purposes and shall not change the residential character thereof. A proposed home occupation must meet all of the following criteria:

- (1) Only the people who live at the dwelling may be involved in the business.
- (2) The business is clearly incidental and secondary to the use of the dwelling for dwelling purposes.
- (3) The use does not change the character of the dwelling and the appearance of the dwelling cannot be altered to accommodate the business.
- (4) The garage or other accessory structure may not be used for the business for the repair, storage, manufacturing, retailing, or warehousing of merchandise or goods that would interfere with the ability to park the number of vehicles it was designed to accommodate.
- (5) Storing of hazardous or flammable materials is prohibited. Outdoor storage or display of goods is likewise prohibited.
- (6) The business must not emit noise, sounds, smoke, fumes odors, vibrations or interference that would create a nuisance to abutting properties or the surrounding neighborhood. No public health or safety risks may be created by the home occupation.
- (7) Commercial vehicles used in the conduct of a home business may not be parked on the premises, unless it is parked entirely within a garage or carport.
- (8) No deliveries of merchandise are allowed to the residence by heavy commercial vehicles.
- (9) No employees, clients, or customers are allowed on the premises at any time in connection with the home occupation.
- (10) No signage may be displayed on the premises.
- (11) No home occupation shall be conducted in any accessory building.
- (12) The applicant may use his or her home address only for receiving mail and not for any advertising purposes.

Right of inspection. The applicant acknowledges that upon issuance of a Business Tax Receipt the city shall have the right to inspect, at reasonable times, the premises upon which the home occupation is conducted to insure compliance with the foregoing standards and conditions, and to investigate complaints, if any.

Penalty. Any violation of this section may result in a fine in accordance with the Code of Ordinances.

Revocation of license. The city shall have the right to revoke any home Business Tax Receipt for non-compliance.

Transferability. No home Business Tax Receipt issued pursuant to this section shall be transferable, assignable, or otherwise alienable.

Applicant's Signature: _____ Date: _____

Condition For Granting A Home Business Tax Receipt

Please be advised that the City of Miramar relies upon the accuracy of your responses to the above questions in determining whether your home Business Tax Receipt should be granted. If the City of Miramar determines that the Home Business Tax Receipt was issued based on inaccurate, incomplete or misleading information provided in response to the above questions the City of Miramar reserves the right to revoke your home Business Tax, cite you with a Code Compliance violation or take any other appropriate action to bring your license into conformance with City regulation.

I have read the above terms and conditions and subject thereto, I make application for a restricted Business Tax Receipt. Should I violate these conditions, I understand that my Business Tax Receipt may be revoked by the City of Miramar.

NOTARIZED SIGNATURE OF APPLICANT

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20_____.
Personally appeared: _____

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

(SIGNATURE OF NOTARY)

(SEAL)

If your license has been denied or if there is dispute as to your business classification you have the right to appeal the decision of the City, first to the City Manager and then, if necessary, to the City Commission in accordance with Chapter 11-35, Miramar City Code.

FOR INTEROFFICE USE ONLY:

Approved: _____

Denied: (State Reason) _____

Designee

Date

Background Check Required Information

In accordance with the chapter 11, in order to determine whether a person applying for a Business Tax Receipt has been convicted of any misdemeanor or felony within the preceding three (3) years, the City shall conduct a criminal history check pertaining to the applicant before the issuance of such license. This fee shall be payable when your application is submitted.

Criminal History Information: *All information must be complete.*

Applicant's Full Name: _____

Date of Birth: _____ **Soc Sec Number:** _____

Driver's License Number: _____

Sex: _____ **Race:** _____

(M or F)

Race Codes: W = White; B=Black; I= American Indian, Indian, or Alaskan Eskimo; A= Asian or Pacific Islander; U= Unknown

*** Indicate Hispanic persons as white or black based on skin color ***

Applicant's Current Home Address:

By signing this form you're authorizing the City of Miramar to process a Criminal History Check.

Applicant's Signature: _____

Date: _____